## **Application for Employment** Complete by typing in the fields or by printing neatly.



Each Auntie Anne's® is independently owned and operated.

Position(s) Applied For			_ Date of Applica	ation// <u>20</u>	
Preferred Store/Location: 1st Choice	2 <sup>nd</sup> Choice				
Name					
Last, First Middle					
Address					
Street, City, State	Zip Code				
Telephone ()	E-mail		Contact me by	phone e-mail	
If you are under 18, can you furnish a	YES	NO			
Have you been employed here before	YES	NO			
Are you legally eligible for employmer	YES	NO			
(Proof of U.S. citizenship or immigration	status will be required upon employmen	t.)			
Date available for work/	<u>/ 20</u>				
Type of employment desired	Full Time Part Time	Temporary	Seasonal	Educational Co-Op	
Are you able to meet the attendance	YES	NO			
Have you been convicted of a felony i	YES	NO			
(Such conviction may be relevant if job re	elated, but does not necessarily bar you	from employment.)			
If yes, please explain:					
Driver's license number (if required by	y job)	State			
Franksins and History					
Employment History	appearts or valuateer estivities et	arting with the most r	acent including m	ilitary ayparianaa	
List your last four (4) employers, assi From (date) To (date)	Employer	arting with the most r	Telephone	ilitary experience.	
Trom (date)	Employer		relepriorie		
Job Title	Address				
Immediate Supervisor and Title	Summarize the nature of wo	rk performed and job	responsibilities		
Reason for leaving	Hourly Rate/Salary	r	Final ¢	per	
From (date) To (date)	Start \$ pe	'	Telephone	per	
Job Title	Address				
Immediate Supervisor and Title	Summarize the nature of wo	rk performed and job	responsibilities		
Reason for leaving	Hourly Rate/Salary Start \$ pe	r	Final \$	per	
From (date) To (date)	Employer	·	Telephone	por	
Job Title	Address				
Immediate Supervisor and Title	Summarize the nature of wo	rk performed and job	responsibilities		
Decree for leaving	Havely Pata (Calam)				
Reason for leaving	Hourly Rate/Salary Start \$ pe	r	Final \$	per	
From (date) To (date)	Employer		Telephone		
lob Titlo	Address				
Job Title	Address				
Immediate Supervisor and Title	Summarize the nature of wo	rk performed and job	responsibilities		
December leaving	Housely Data (Calari			_	
Reason for leaving	Hourly Rate/Salary	r	Final \$	por	

Skills and Qualifications							
Summarize special skills and qualifications acquired from	n employment or	r other exp	periences that m	nay qualify you	for work with		
our company							
Educational Background							
Name and Location	Name and Location Years Completed Did V		ou Graduate? C		Course of Study		
High School	Completed						
College		Major	Degree				
Other			<b>'</b>				
References							
Name			Telephone		Years Known		
Professional			Include Area Code				
Professional			Include Area Code				
Personal			Include Area Code				
It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the Employer's service if I have been employed.  I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information, and all other persons, corporations, or organizations for furnishing such information.  The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.  This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.							
I understand that just as I am free to resign at any time with or without cause and without prior notice. I unders assurances to the contrary.							
I agree that all recipes, baking methods, and operationa Auntie Anne's franchise system. I further understand th Agreement protecting the secrets of the Auntie Anne's sy	at, as a conditio						
I agree that my electronic signature on this application is and agree that by submitting this electronic signature, I $$							
Signature of Applicant Date// <u>20</u>							
Mail your completed application to your local Auntie Anne	<u>e's store</u> or e-m	ail your ap	plication to care	eers@auntieann	esinc.com.*		
*Applications e-mailed to this address will be forwarded to the a maintained by Auntie Anne's, Inc.	ppropriate store fo	or considera	tion; applications	will not be filed, s	aved, or otherwise		

Notes: